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Bib Data Sheet

CONFIRMATION NO. 3179

|  |   |                                |   |  |
|--|---|--------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/475,092   | <b>FILING DATE</b><br>12/30/1999<br><b>RULE</b>   | <b>CLASS</b>                   | <b>GROUP ART UNIT</b>   | <b>ATTORNEY DOCKET NO.</b><br>60501-302302 |
| <b>APPLICANTS</b><br>Luc E. Julia, Oakland, CA;<br>Adam Cheyer, Oakland, CA;   |   |                                |   |  |
| <b>** CONTINUING DATA *****</b><br>THIS APPLICATION IS A CIP OF 09/225,198 01/05/1999<br>AND CLAIMS BENEFIT OF 60/124,718 03/17/1999<br>AND CLAIMS BENEFIT OF 60/124,720 03/17/1999<br>AND CLAIMS BENEFIT OF 60/124,719 03/17/1999 |   |                                |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 02/08/2000</b>   |   |                                |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance         |   | <b>STATE OR COUNTRY</b><br>CA  | <b>SHEETS DRAWING</b><br>19   | <b>TOTAL CLAIMS</b><br>45                  |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT CLAIMS</b><br>4 |   |  |
| <b>ADDRESS</b><br>25696  |   |                                |   |  |
| <b>TITLE</b><br>USING A COMMUNITY OF DISTRIBUTED ELECTRONIC AGENTS TO SUPPORT A HIGHLY MOBILE, AMBIENT COMPUTING ENVIRONMENT   |   |                                |   |  |
| <b>FILING FEE RECEIVED</b><br>1348   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |